

August 15, 2003-R

Department of Health and Welfare
Care Management Bureau
CRISIS AUTHORIZATION WORKSHEET

Provider Agency:		Staff Requesting:																		
Consumer Name:	Date:	Time Began:	Time End:	Total Time:																
SSN:	MID #	Service at ER? <input type="checkbox"/> Y <input type="checkbox"/> N	Age:	Gender:																
Current Living Situation: (Check one) <table style="width: 100%;"><tr><td><input type="checkbox"/> LA – Live Alone</td><td><input type="checkbox"/> F - Live with Friends</td><td><input type="checkbox"/> RALF- Residential Assisted Living Facility</td><td><input type="checkbox"/> CF – Corrections Facility</td></tr><tr><td><input type="checkbox"/> S- Live with Spouse</td><td><input type="checkbox"/> SH- Shelter Home</td><td><input type="checkbox"/> NW/CFH-Non-Waiver Certified Family Home</td><td><input type="checkbox"/> HL – Homeless</td></tr><tr><td><input type="checkbox"/> P-Lives with Parents/Stepparents</td><td><input type="checkbox"/> FH- Foster Home</td><td><input type="checkbox"/> W/CFH-Waiver Certified Family Home</td><td></td></tr><tr><td><input type="checkbox"/> R-Live with Relatives</td><td><input type="checkbox"/> RC- Respite Care</td><td><input type="checkbox"/> J-Jail</td><td></td></tr></table>					<input type="checkbox"/> LA – Live Alone	<input type="checkbox"/> F - Live with Friends	<input type="checkbox"/> RALF- Residential Assisted Living Facility	<input type="checkbox"/> CF – Corrections Facility	<input type="checkbox"/> S- Live with Spouse	<input type="checkbox"/> SH- Shelter Home	<input type="checkbox"/> NW/CFH-Non-Waiver Certified Family Home	<input type="checkbox"/> HL – Homeless	<input type="checkbox"/> P-Lives with Parents/Stepparents	<input type="checkbox"/> FH- Foster Home	<input type="checkbox"/> W/CFH-Waiver Certified Family Home		<input type="checkbox"/> R-Live with Relatives	<input type="checkbox"/> RC- Respite Care	<input type="checkbox"/> J-Jail	
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Employment Status: (Check one) <table style="width: 100%;"><tr><td><input type="checkbox"/> IE-Independent Employment</td><td><input type="checkbox"/> NW-Non-Waiver Supported Employment</td><td><input type="checkbox"/> UE-Unemployed</td><td><input type="checkbox"/> Volunteer</td></tr><tr><td><input type="checkbox"/> W-Waiver Supported Employment</td><td><input type="checkbox"/> EMP/SW-Sheltered Workshops</td><td><input type="checkbox"/> S-School</td><td></td></tr></table>					<input type="checkbox"/> IE-Independent Employment	<input type="checkbox"/> NW-Non-Waiver Supported Employment	<input type="checkbox"/> UE-Unemployed	<input type="checkbox"/> Volunteer	<input type="checkbox"/> W-Waiver Supported Employment	<input type="checkbox"/> EMP/SW-Sheltered Workshops	<input type="checkbox"/> S-School									
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Presenting Problem:			Is substance abuse involved with the incident? <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Both <input type="checkbox"/> None																	
Crisis Service Provided:																				
Crisis Resolution Plan (Plan for intervention that resolves crisis):																				
Crisis Prevention Plan (What will occur to prevent future crisis):																				
Crisis Outcome (Follow-up within 7 days by Care Manager):																				
Crisis Hours Authorized: H2011– Community Crisis Support Number of Units _____ Start Date _____ End Date _____ Prior Authorization # _____																				
Crisis Hours Denied: H2011 – Community Crisis Support Number of Units _____ Explanation for Denial: Care Manager Signature _____ Date: _____																				

Care Management Process:

1. Upon receipt the Care Manager has (3) business day hours to make a determination on the request or notify the provider of missing information.
2. When the provider receives the notification, they have (3) business day hours to submit the missing information to the Care Manager.
3. The request will be “CLOSED” if the Care Manager does not receive the identified information within (3) business day hours.
4. The Care Manager has (3) business day hours to make the determination and notify the provider.